

**IMPAIRED PROFESSIONALS PROCEDURE (IPP) TASK FORCE  
COMMITTEE  
JUNE 19, 2009**

**PRESENT:** Sheryl Graeber; Edward Krall; Kevin Martin; Julia Nelson; Sandra Osborn; Judy Warmuth; Ernest Witzke; Shawnee Daniels-Sykes; Jack Zweig; Sharon Henes; Barbara McKinney (joined at 12:10 pm); Jeanette Lytle

**EXCUSED:** Burt Wagner; Jeanne Severson

**STAFF:** Tom Ryan, Bureau Director; Rebecca McAtee, Minute Taker

**CALL TO ORDER**

Shawnee Daniels-Sykes, Facilitator, called the meeting to order at 12:05 p.m. A quorum of eleven (11) members was present.

**APPROVAL OF AGENDA**

**Amendments:**

- Under Item D: Should be “Professional” not “Physician”

**MOTION:** Jeanette Lytle moved, seconded by Julia Nelson, to approve the agenda as amended. Motion carried unanimously.

**APPROVAL OF MINUTES OF MAY 27, 2009**

**MOTION:** Jack Zweig moved, seconded by Jeanette Lytle, to approve the minutes as written. Motion carried unanimously.

**SECRETARY CELIA JACKSON – APPEARANCE**

**Budget report**

The Secretary noted that the Department has in the budget the potential for additional staff dedicated to Medical Board issues, including providing services to the Board and enforcement and regulation aspects. Within this budget is money designated for the IPP, but no additional positions (FTEs).

Secretary Jackson wanted to remind the Committee that in their evaluation of how to put together the best program, the recommendations will be reviewed, but that any decision will be based on what will work best within the resources that are available.

Secretary Jackson noted a difference in the approach that different disciplines take with respect to how impaired practitioners are managed. For example, the Nursing and Pharmacy Boards tend to be more disciplinary in relation to impaired professionals.

The Secretary requested that the Task Force share the main concerns and recommendations regarding the PAP. From the ensuing conversation, those items noted were inclusivity of all professions, a strong sentiment for it needing the program be in-house rather than outsourced, equity in access, uniformity at the start and then building services from there, accountability for the Boards and for the consumers. Secretary Jackson is going to have conversations with the Boards regarding moving this program forward.

The Secretary asked for volunteers to be a part of a new Oversight Committee that would be a smaller group made up of IPP Task Force Members. This group would work in consultation with the Department in implementing the new program.

### **TASK FORCE RECOMMENDATIONS AND RESOURCE LEVEL MATRIX – CONTINUE DISCUSSION**

The Task Force reviewed the recommendations matrix and made the following proposed changes:

- Recommendation #13 on page eleven (11): “The Secretary shall create a committee that will meet annually to review the data collected by the Department, as well as the program parameters and staffing needs,” under the “PT Cruiser” service level, the committee should be “entirely voluntary.”
- Recommendation #4 on page ten (10): Individuals wanting to leave the program need a second evaluation from a *Department*-approved list.

The Task Force recommends the creation of a list of definitions for the terminology that will be used as a part of this program. This would be a component of educating internal staff, employers and participants. Sharon Henes also noted that RL 7 as it is currently written is not included in the codebooks.

### **Outsourcing Pros, Cons and Questions**

The Task Force discussed the pros and cons of outsourcing the PAP program as opposed to keeping the program in-house. Additional cons were added to the in-house list including the lack of professional staff and hesitation of professionals to report themselves to the PAP program because of its connection with the Boards and discipline.

The Task Force acknowledges that there seem to be two different philosophies in regards to the model that is followed and the Physician Health Programs tend to be more aligned with outsourcing.

Sharon Henes discussed the numbers of monitoring orders for each of the Boards to give the Task Force an idea of how changes may occur in these numbers once the PAP program is in place and that this should be kept in mind when looking at in-house programming or outsourcing and the needs specified in an RFP. The assumption is that these numbers would increase as a result of the PAP program being implemented.

### **Confidentiality – What may be disclosed to whom and when**

The Task Force discussed the level of confidentiality that would be a part of the PAP. The Task Force recommends that participation in the program should be confidential from the public. Confidentiality will not be guaranteed from the employer as work reports are a necessary provision of the program. The agreement with the participant should contain a provision that they must give their employer notice of their participation within 48 hours. The names of PAP participants that fail to comply with the specifications of the program or that are referred to the Board for discipline would be available for public dissemination. The DOE must act upon discipline this within 30 days.

In addition, the Task Force recommends the redaction of the provision for confidentiality in RL 7.05 (3) as well as in the contract for entrance into the PAP program.

Jack Zweig noted that the PAP program is not a reporting mechanism and that if the employer wants to take disciplinary action they need to report this separately. The Task Force has also requested to determine if it is possible to immediately suspend a license for significant non-compliance. Discussion on whether information regarding a significant infraction as found during the course of a participant's treatment should be disclosed by PAP was deferred by the Task Force as a consensus could not be reached.

### **Entry and Exit from Physician Assistance Program (PAP)**

The recommendation on entry into the program remains unchanged, i.e. all those requesting entry are accepted. The Task Force reaffirmed their recommendation that a referral to the Board does not necessitate termination from the program.

### **Program Compliance/Completion**

The recommendation for length of time of the program is five (5) years as determined by best practice. Participants are not prohibited from staying in longer if they request to do so.

**MOTION:** Jack Zweig moved, seconded by Sandra Osborne, to adopt the recommendations that have been agreed upon by the Task Force.  
Motion carried unanimously.

## **INFORMATIONAL ITEMS**

None.

**PUBLIC COMMENTS**

None.

**OTHER TASK FORCE BUSINESS**

None.

**NEXT STEPS**

Secretary Jackson rejoined the meeting to discuss a timeframe for action and implementation of this program. The Task Force has also requested a formal decision on what recommendations the Department has decided to adopt.

Ernest Witzke, Judy Warmuth, Sheryl Graeber, Sharon Henes, and Julia Nelson volunteered to be a part of the Oversight Committee.

**ADJOURNMENT**

**MOTION:** Julia Nelson moved, seconded by Ernest Witzke, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:54 p.m.